Executive Summary for the Access & Efficiency Learning Collaborative

1. Background

Obtaining needed appointments with one's own primary care doctor is all too often a frustrating experience for parents and their children. In many parts of our state, especially in rural areas, family physicians and pediatricians are so overwhelmed by patient demand that care is limited and sometimes unavailable. A new approach to scheduling, called "Advanced Access" (sometimes called "Open Access"), uses statistical principles to better anticipate demand for care, reduce inefficiencies in offices, and dramatically improve the effectiveness of primary care by improving patient's access to, and continuity with, their primary care physician.

With support from the Duke Endowment and the UNC Program on Health Outcomes, a pilot phase of Advanced Access practice development was completed in 2001 -- resulting in successful introduction of Advanced Access in seven North Carolina practices. Practices experienced higher patient satisfaction, lower "no-show/missed visits" rates, and shorter waiting times in the office after implementing Advanced Access. In addition, children in pediatric practices had higher preventive care rates.

2. Program Aim

To maximize the satisfaction, health, and well-being of patients in 25 primary care practices that serve Medicaid in NC patients by assuring that all patients have access to healthcare from their personal clinician when they want and need it. Providing extraordinarily timely, efficient, and patient-centered care, the program will also benefit staff and clinicians as well as reduce costs by eliminating waste in the healthcare system.

3. Collaborating Organizations

Building on these efforts, the North Carolina Center for Children's Healthcare Improvement (NC CHI) formed a partnership with the National Initiative for Children's Healthcare Quality, the Institute for Healthcare Improvement, North Carolina Division of Medical Assistance, and the North Carolina Pediatric Society to spread innovative Access & Efficiency methods in NC.

4. Access & Efficiency Learning Collaborative

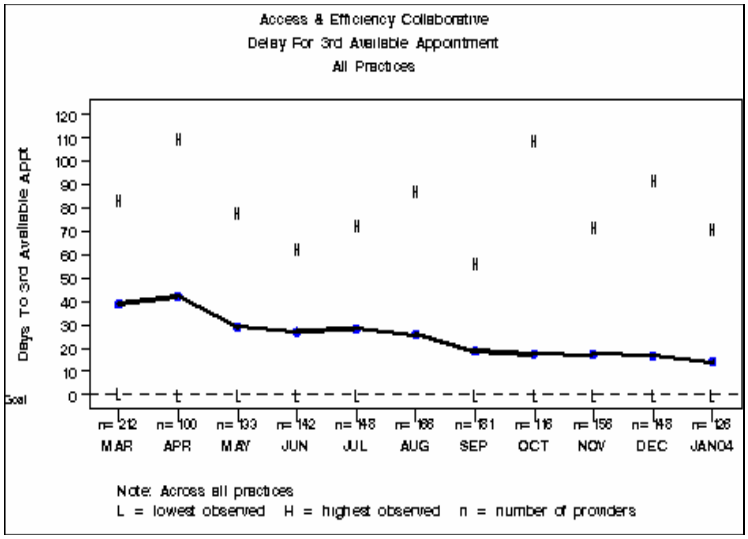
Beginning in March 2003, these organizations sponsored an **"Access & Efficiency Learning Collaborative"** that brought together 25 North Carolina teams, including 13 family medicine practices, 6 pediatric practices, 2 internal medicine practices, and 4 academic practices. Over a 10-month period, each of these multidisciplinary teams worked extensively with expert faculty (Jill Swanson, Mark Murray, Gordon Moore, Greg Randolph, John Anderson, and Jean Krause) at two 2-day, face-to-face Learning Sessions, a half-day Distance Learning Activity, and monthly conference calls. Participating teams collected data each month and submitted monthly progress reports.

5. Summary of Collaborative Results

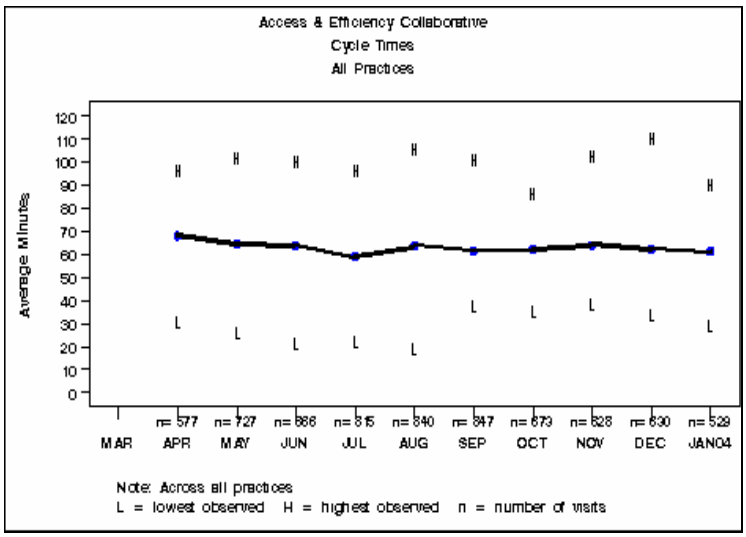
Overall, teams in the Access & Efficiency Learning Collaborative were highly successful. For example, the percentage of teams (67%) with a progress rating of 4 or higher, representing breakthrough improvements in care, was the highest ever in a NC CHI or NICHQ Learning Collaborative. Teams were extremely engaged and made tremendous strides in improving their office accessibility and efficiency. An impressive percentage (80%) of teams submitted data on a monthly basis. Again, these levels of data submission are the highest for any previous NC CHI or NICHQ Learning Collaborative. Conference calls were also well attended, with an average of 80% of practices attending the calls each month.

Practice Results:

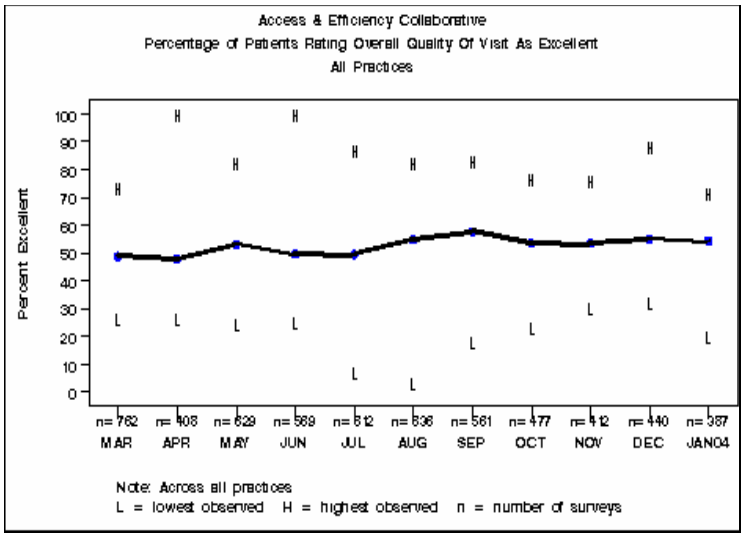
As a group, the Collaborative teams were highly successful. Below are results for the entire collaborative. Many teams were able to achieve breakthrough results over the course of the 10-month Learning Collaborative. Some were slow to start and were making good progress in the closing months, which suggests they will continue to make progress after the collaborative.



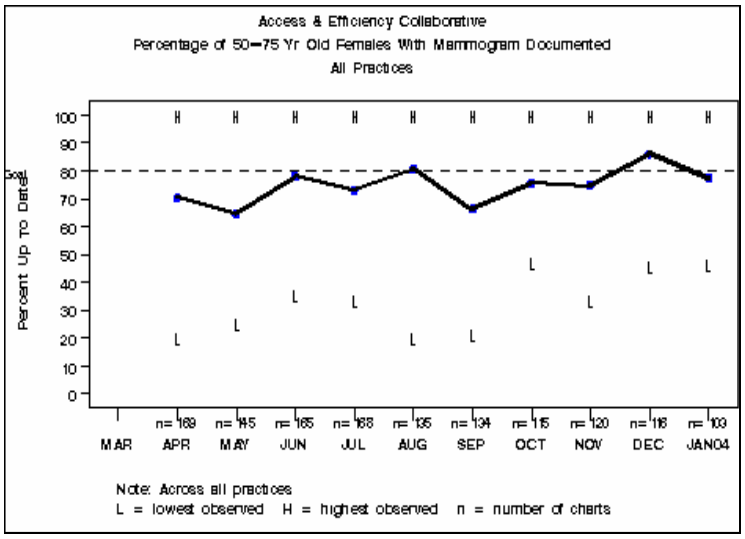
Overall, practices reduced delays for appointments from an average of 42 days to 10 days. Across these practices, this means about 90,000 days of patients waiting for appointments have been eliminated in NC!



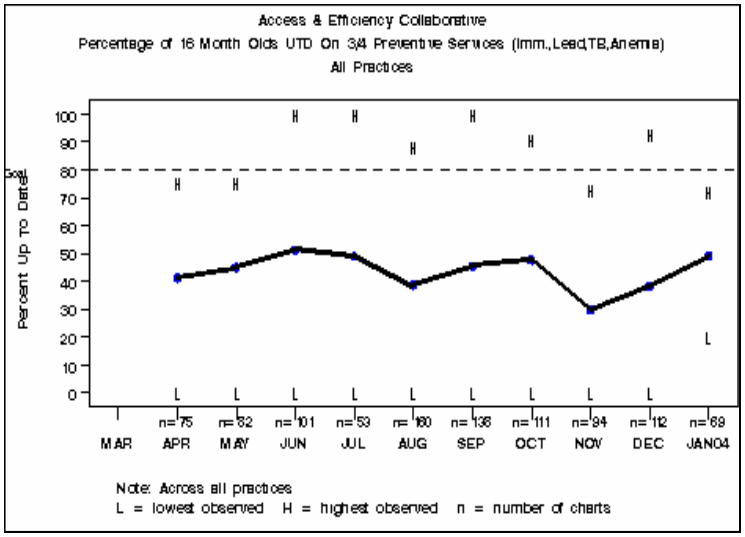
Overall, practices reduced waiting during office visits from an average of 70 minutes to 58 minutes. Across these practices, this means about 190,000 minutes of patients waiting eliminated every week in NC, which represents a potential savings of $855,000 in lost wages each year for patients in these practices!



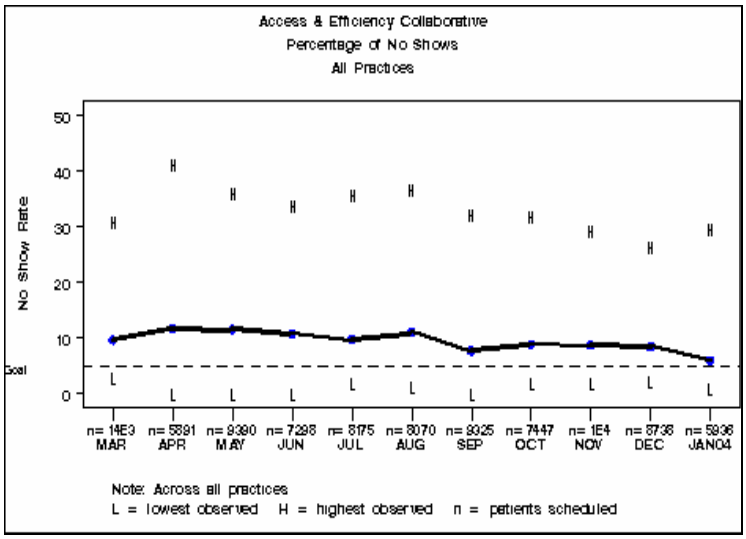
Overall, practices had a 7 % increase in patients rating their visits as excellent. This is expected to increase over the next year – patient satisfaction is a lagging indicator that often takes over a year to respond to access and efficiency changes as patients realize they can depend on the new system.



Preventive services are often delayed or missed if practice access is difficult or continuity of care is low. Not surprising, adult practices had a significant improvement (from about 67% to 80%) in mammograms after implementing Access and Efficiency improvements.



Pediatric practices also had good improvement in preventive service delivery (from about 41% to 51% for immunizations, and screening for lead, TB, anemia) after implementing Access and Efficiency improvements.



Patient “no shows” for appointments can wreak havoc on practice financials and waste precious healthcare resources. Similar to previous Collaboratives, practices were able to cut no shows in half, from 12% of visits to 6%.